(X1) PROVIDER/SUPPLIER/GLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL059021 11/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1267 PINNACLE CHURCH ROAD CEDARBROOK RESIDENTIAL CENTER NEBO, NC 28761 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSQ IDENTIFYING INFORMATION) DATE YAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Complaint Investigation by Dennis Harrell on 11-9-2015. A Biennial Construction Survey and another Complaint/Fire Investigation survey was conducted at the same time. Records indicate that this facility was first licensed on 5-2-1973. The facility is currently licensed for 80 residents. Based on this information we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1967 North Carolina State Building Code Section 407.1, Group D-2 Institutional Occupancy. The complaint alleged poor environmental conditions. The complaint was substantiated and deficiencies were cited that will require a plan of correction. Note: This report of Complaint Invistigation focuses on 5 specific allegations that were substantiated. The findings from this complaint are also listed on the Biennial Construction Survey which noted other additional deficiencies and are listed in a separate Statement of Deficiencies. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: have wells, ceilings, and floors or floor coverings kept clean and in good repair; have no chronic unpleasant odors; Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/BUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE MUTULUUN Mauruvau 12/23/16 zrations Manaaer

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	read December	1267 PINN	AÇL≣ CHUR	ATE, ZIP CODE CH ROAD PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD RE	(XB) COMPLETE DATE
C 164	Continued From page 1 (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to be maintained clean. Findings include: a. Many corridor doors were stained and needed cleaning. b. Floors were stained and/or discolored around tollets and at door frames. c. Trash was found on the floor behind some tollets.		l 1	Housekeeping along wadditional contractor		
				workers are clean floors with cleaned designed to remove stains as well as upther methods to refinish flooring.	er S Using	12/28/16
	 Based on observation, the facility failed to be maintained in good repair. Findings include: A window was broken in the dining room. Some bedroom windows were broken. Some window screens were bent, broken or cut. There was a broken toilet in the 300 Odd bath. The door to room 306 was damaged beyond repair. The door to the closet off room 309 was The door to the closet off room 309 was The door to the closet off room 309 was The door to the closet off room 309 was The door to the closet off room 309 was The door to the closet off room 309 was The door to the closet off room 309 was The door to the closet off room 309 was The door to the closet off room 309 was The door to the closet off room 309 was The door to room 306 was The door to room 306 was	2.	completed. Area b-This has been pleted. Area c-This has been pleted. Area d-This has been decompleted.	been Xen	11/20/15 11/20/15 11/20/15 1 ongoing do identifica	
	damaged with ap g. Several wind on the outside. 3. Based on obsimaintained clear Findings includes a. One reach with a construction. b. One reach with a construction.	3. Based on observation the facility failed to be maintained clean due to the presence of insects Findings include: a. One reach was observed in the 100 Hall bathroom. b. One reach was observed in room 410.	. !	completed. Area e - Door has ordered and sche to be dolvered and sche to be dolvered as Area f - Door has repaired. Area q - Maintena	eduled 28/15, been	11/28/15
	One roach was observed in room 410. Spiders were observed in the celling in closets in room 101 and 205.			working on repairs window scals. Orkin has inspected	o to	1/11/16 12/18/15 12/18/15/18 2/ Cohaon

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	HAL059021	B. WING		11/09/2015	
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, ST			
		IACLE CHUR	CH ROAD ·		
CEDARBROOK RESIDENTIAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28761	000507	oni	
CEACH INCIDENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
C 169 Continued From Do	one 2	C 165			
	C 166 Continued From page 2 C 166 Housekeeping-Maintained Free of Hazards				
C 188 Housekeeping-Mai	Utained Fiee of Dazards	C 166			
FURNISHINGS (a) Adult care hom (5) be maintained orderly manner, fre hazards:	105 HOUSEKEEPING AND				
1. Based on obsermaintain the home with unsupervised Findings include: a. There was a srededroom on the 4 b. Some bedroom screens were bendered with the bedroom screens were defected as the screens were defected with the second screens were defected with the second screens were defected with the second screens were defected with the with the second screens were defected with the second screens were defected with the second screens with the second screens with the second screens with the second screens with the second with the second screens with the	mell of tobacco smoke in a 60 Hall. In and bathroom window it outward, removed or out. parette buts on the groundine damaged window screens. Int Maintained Safe, Operating PHYSICAL PLANT 0311 OTHER Sand all fire safety, electrical, plumbing equipment in an adult on maintained in a safe and	C 189	Arca a radulity will continue to enforce signification and place residence of supervision. Area b-Nathtenance identified damaged will been repaired and other repaire are being made and continue to mer for evidence of smoking outside resident with well will hold another council Meeting to resident with smoking and other policies to stress to the importance of faulity smoking policies to stress to faulity smoking policies.	moring longoing ants cased has indew ready 1/5/18 r e. staff hiter (engoing dows. Resident eview facility 1/8/15 residents Following	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED				
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NAME OF F	NOVIDER OR SUPPLIER	אדתלבו א	DORESS, CITY,	ŞTATE, ZIP CODE				
CEDARBROOK RESIDENTIAL CENTER 1267 PINNACLE CHURCH ROAD NEBO, NC 28761								
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C 189	Continued From pa	ge 3	C 189					
	This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a proper operating condition because of a leaking roof. A leaking roof can cause unhealthy living conditions below.		1.	causing leak in kita area have been repai	than ^{12/18/15} red .			
	Findings include: a. There were 4 le b. The roof was le room 210.	aks in the kitohen. aking at the brick fire wall in		Area b - Area of requiring leak in re 210 has repaired.				
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